CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
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Weekly Bulletin

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XI, No. 6 March 12, 1932 GUY P. JONES EDITOR

Regulations for the Control of Psittacosis

The California Board of Public Health has adopted regulations for the control of psittacosis. These regulations are designed to place this disease under control among birds of the parrot family and love birds. They are designed to be of benefit to the bird industry and through that industry will have a direct bearing upon preventing the spread of psittacosis to human beings.

The regulations are as follows:

Rule I. *Registration.* All individuals, firms, or corporations engaged in the breeding, exchanging, buying or selling of any birds of the parrot family or any love birds, shall be registered annually with the State Board of Public Health. There shall be no fee required for this registration. Applications for said registration shall be made upon special forms provided for that purpose.

Rule II. *Records.* Records shall be made of all purchases, sales, exchanges, or gifts of any birds of the parrot family or any love birds and such records shall be kept available for official inspection. Said records shall contain the dates of purchases, sales, exchanges, or gifts of such birds; the names and addresses of all parties to the transactions; also descriptions of the birds included in each transaction.

Records shall be kept of all cases of sickness and death among such birds and said records shall include descriptions of the signs and symptoms of each case of sickness. These records shall be kept on file for at least two years and as much longer as may be required by the health officer.

Rule III. *Housing.* Cages or other areas of confinement of any of the birds of the parrot family and love birds shall contain not less than one cubic foot of space for each parrot or bird of that family of similar size, and not less than 216 cubic inches of space for each parrakeet, love bird or related bird of similar size. All cages or other areas of confinement containing such birds shall be so constructed that they may be cleansed and disinfected in accordance with instructions issued by the health officer. These cages or other areas of confinement shall be kept in satisfactory sanitary condition at all times, and suitable protection against the weather shall be provided. Rule III constitutes the minimum housing requirements for such birds whether in aviaries, pet shops or in transit.

Rule IV. *New Birds.* Whenever any birds of the parrot family or any love birds are acquired by purchase, exchange or gift, such newly acquired birds shall be placed immediately in isolation for a period of 30 days. The housing of such birds in isolation shall meet the minimum requirements specified in Rule III. The designated area of isolation shall be apart from other cages or areas of confinement so as to insure protection to all other birds.

If sickness appears among said birds within the required isolation period of 30 days, all of the isolated birds in contact with the sick birds shall be either destroyed or kept in continued isolation for an additional period of 30 days from last case of illness in the group.

Rule V. *Segregation and Isolation of Sick Birds.* All birds of the parrot family and all love birds that show any signs of illness shall be isolated immediately in metal cages which are provided with metal bottoms to permit adequate cleansing and disinfection; or said birds may be destroyed. Whenever any such sick bird or any bird in contact with such sick bird, is destroyed, the dead bird shall immediately be burned or buried in accordance with instructions from the health officer.

Sick birds of the parrot family and sick love birds taken to an establishment for hospitalization or treatment shall be completely isolated from all other birds and shall be kept under the conditions as specified in these regulations. Individuals, breeders, firms or corporations receiving sick or injured birds for hospitalization and treatment are required to maintain quarters for such birds apart and separate from the cages and areas of confinement of all other birds.

Birds of the parrot family and love birds that have been taken to an establishment for care and boarding, shall be placed in isolation immediately if any of them present signs of sickness and the rules for the isolation and care of sick birds shall become effective immediately.

Whenever any birds of the parrot family or any love birds are sick or are convalescent from any illness, they shall be kept in isolation and shall not be sold, exchanged, or given away for at least 21 days after recovery.

Note 1—Persons attending such sick birds in isolation or any birds held in quarantine on suspicion of being infected, should not work among healthy birds. If attendance upon both sick and healthy birds must be performed by the same individual, precautions to prevent the spread of infection from the sick to the healthy should be taken.

Note 2—It is recommended that cages used for the isolation of sick birds be of a size that will allow the entire cage to be dipped in boiling water or other disinfecting solution approved by the health officer.

Rule VI. *Itinerant Bird Vendors.* Every individual, firm, or corporation engaged as an itinerant bird vendor shall obtain a permit from the local health officer before selling or offering for sale any birds of the parrot family or any love birds.

All vehicles used in the transportation of birds of the parrot family and love birds shall be so constructed that they comply with all of the requirements of these regulations.

CONTROL OF MEASLES IN CONTRA COSTA COUNTY

During the last three weeks of February, approximately 200 cases of measles occurred in the eastern part of Contra Costa County. For several weeks prior to that time there had been no cases in the schools of that distict. Three deaths from pneumonia following measles occurred among preschool children and the school trustees closed the schools, for a short time, without the sanction of the County Health Department.

Dr. I. O. Church, County Health Officer, experienced difficulty in making the general public realize the seriousness of measles in small children. It is probable that the three deaths referred to would not have occurred if proper care could have been given to these children during the course of their illnesses. There is still too much of the sentiment that measles need not be taken seriously; that the child will be sick for only a short time and will of itself make a satisfactory recovery.

It was found that the Health Department's efficiency in tracing cases was greatly lowered when the schools were not in session. The nurse has a definite source of information when schools are open. She can determine where cases are occurring and can find practically every case that may occur. School attendance plays an important part in the efficient plan for the control of a disease such as measles and when schools are closed the welfare of the entire community is jeopardized. This experience in Contra Costa County emphasizes the importance of keeping schools open when epidemic diseases are prevalent. Efficient control is dependent to a large extent upon the ability to find new cases immediately and to establish necessary control measures without delay.

NEWLY APPOINTED HEALTH OFFICERS

Dr. H. J. Wickman has been appointed City Health Officer of Perris, to succeed Dr. Chester R. Brown.

Mr. J. C. Lawrence has been appointed City Health Officer of Banning, to succeed Mr. J. R. Page.

Mr. C. Lindgren has been appointed City Health Officer of Patterson, to succeed Mr. C. W. Kirk.

A BRITISH VIEW OF PUBLIC HEALTH IN THE THE UNITED STATES

The editor of *The Medical Officer,* in the issue of February 20, 1932, evaluates health services in the United States, using the report of the Surgeon General of the United States Public Health Service for the year ending June 30, 1931, as the basis for his study. He states, "the report of the Surgeon General has a universal value for it treats of the largest population in the world subjected to modern health services and vital statistics." He makes the assertion that "the report reveals a year in which health conditions reached the zenith in the United States, as they did generally throughout the world. This highly satisfactory state has not been maintained and the alteration of the population-age ratios which has occurred in all civilized countries leads to doubt that the record of 1930 will be broken for many years to come."

In commenting upon birth and death rates in the United States, he states, "the steadily decreasing birth rate which characterizes the British statistics for the past 50 years has no counterpart in the United States, nor do we see the fluctuations which are shown by France, Germany and Russia. The death rate, on the other hand, has fallen more persistently than in Europe. These two phenomena are related. The dissected death rates show a highly satisfactory elimination of preventable deaths and, what is really of chief interest to us is that in many diseases fatality has been reduced or suppressed without any reduction in the attack rate. For many years the tuberculosis mortality rate has been declining, last year reaching the record low figure of 68.5. Formerly the rate was very high in the States. Even as late as 1900, it was 201.9, or nearly three times that of 1930."

The editor of *The Medical Officer* makes interesting comments on the bearing of migration upon epidemic diseases. He states: "The geographical position of North America plays an important part in cosmopolitan epidemiology. Formerly the current always flowed from east to west, from the Far East to Europe over the comparatively uncivilized Central Asia and Russia; but of recent years the current has been reversed to flow from west to east, from the Far East to Europe through the highly civilized North American republic. The bearing of this upon epidemic diseases has been highly important, for plagues flowing west had a tendency to increase or, at all events, to retain their virulence; but flowing east they tend to become attenuated. It is in America that the chief epidemic diseases of man mutate from virulence to benignity; smallpox, scarlet fever and typhus have there become diseases of slight fatality and there are

some grounds for supposing that measles and plague may do the same thing."

This British opinion is interesting, for it gives due credit to organized public health in the United States for the part that it has played in the control of preventable diseases. By inference, the medical profession is also given credit, for the fact that fatality in many diseases has been reduced implies that the best of care and medical supervision has been provided. None can say whether this excellent record will be maintained during the years that are to come. It is dependent to a great extent upon the financial support that may be given to public health in the immediate future. The demonstration of what organized public health can accomplish is clear. The general public can secure all of the benefits for which it is willing to pay, which brings us to the axiom of Dr. Herman Biggs: "Public health is purchasable. Within natural limitations, any community can determine its own death rate."

AN ATTACK UPON TUBERCULOSIS

In many communities of California, a particularly acute tuberculosis problem has existed, especially among Mexican people. During past years the migration of Mexicans into many California communities has been enormous. Many health problems arose as a result of this migration, one of the chief of which is the control of tuberculosis.

In Orange County the problem of tuberculosis among Mexicans has been particularly acute and about a year ago Dr. K. H. Sutherland, County Health Officer, inaugurated an educational program in tuberculosis prevention among people of the Mexican race. A monthly lesson in tuberculosis prevention was given in the various adult educational classes for Mexican people. This was accomplished through cooperation with the adult educational departments in the various school districts and with the assistance of the Orange County Tuberculosis Association. In these class sessions the English lesson consisted of a short treatise on tuberculosis prevention, couched in simple terms and prepared by the health department. For the benefit of those who could not grasp even simple English, the lesson was translated into Spanish. The printing of these lessons in both English and Spanish was done by the printing classes in the adult education group. In addition to these lessons, the radio was used in broadcasting the programs on tuberculosis prevention along with entertainment features designed to make an especial appeal to the Mexican people. For the purpose of arousing greater interest in the program, poster contests were held and a small prize was offered for the best poster which embodied salient health principles.

Coincidental with this educational program, and following it, the staff of the Orange County Health Department concentrated its attention, in so far as possible, upon home calls where there were active cases of tuberculosis and contacts. Instructions were given there in the proper technique of isolation and close contacts were examined in order that possible cases might be discovered in their incipiency.

The report of the Health Department for 1931 shows that 1050 home visits to cases were made, as compared with 861 for the previous year. There were 1598 visits to contacts and suspects, as compared with 671 such visits during the preceding year. In 1931, 853 people were examined for tuberculosis, as compared with 499 in 1930. Nearly 3000 pieces of literature on tuberculosis control were distributed.

A check on local vital statistics records for 1931 reveals interesting facts which may well be considered as resultant from the active campaign that has been waged against tuberculosis. Tuberculosis deaths dropped from 117 in 1930 to 77 in 1931, the death rate for this disease having fallen from 98.6 to 62.2. As compared with 1930, fewer cases of tuberculosis were reported last year, 141 new cases having been reported in 1931, as compared with 162 during the preceding year. Of the deaths from tuberculosis, 38 in 1931 were among Mexicans, as compared with 70 tuberculosis deaths among Mexican people in 1930. To be sure, in certain parts of southern California there has been a considerable return of Mexican people to Mexico, which might influence vital statistics in those communities. In Orange County, however, there was not so large an exodus in 1931 and the health officer believes that much of this improvement in the local tuberculosis situation can be attributed to the direct efforts exerted in the control of this disease.

MORBIDITY*

Diphtheria.

58 cases of diphtheria have been reported, as follows: Oakland 1, Pittsburg 2, Fresno County 1, Glenn County 1, Brawley 1, Los Angeles County 4, Compton 1, Inglewood 1, Long Beach 1, Los Angeles 21, San Fernando 1, San Gabriel 1, Santa Monica 1, Hawthorne 1, South Gate 1, Sausalito 1, Orange County 2, Orange 2, Santa Ana 2, Riverside County 1, Sacramento 2, San Bernardino 1, San Francisco 3, Petaluma 1, Sutter County 1, Ventura County 3.

Scarlet Fever.

143 cases of scarlet fever have been reported, as follows: Alameda 1, Berkeley 1, Oakland 2, Fresno County 5, Fresno 2, Orland 2, Humboldt County 1, Kern County 3, Los Angeles County 14, Alhambra 1, Glendale 1, Huntington Park 2, Long Beach 1, Los Angeles 55, Pasadena 4, Santa Monica 1, May-

* From reports received on March 7th and 8th for week ending March 5th.

wood 1, Sausalito 1, Orange County 1, Fullerton 1, Santa Ana 2, Riverside County 3, Sacramento County 2, Sacramento 2, Upland 3, San Diego 1, San Francisco 15, San Joaquin County 2, San Luis Obispo County 1, San Mateo 1, Santa Barbara County 1, San Jose 3, Sonoma County 1, Stanislaus County 2, Tulare County 1, Tulare 2, Ventura County 1.

Measles.

403 cases of measles have been reported, as follows: Hayward 1, Oakland 7, Contra Costa County 27, Antioch 1, Richmond 3, El Dorado County 7, Fresno County 1, Humboldt County 12, Fortuna 2, Kern County 1, Huntington Park 1, Long Beach 1, Los Angeles 11, Pasadena 1, South Gate 1, Madera 12, Monterey County 1, Sacramento County 11, Sacramento 151, San Francisco 80, San Joaquin County 4, Lodi 20, Stockton 2, Santa Barbara County 16, Lompoc 6, Santa Maria 3, Santa Clara County 3, San Jose 4, Santa Cruz 6, Stanislaus County 2, Dinuba 3, Ventura County 1, Yolo County 1.

Smallpox.

11 cases of smallpox have been reported, as follows: Plymouth 6, Fresno 2, Bakersfield 1, Los Angeles County 1, San Francisco 1.

Whooping Cough.

234 cases of whooping cough have been reported, as follows: Alameda 2, Albany 1, Berkeley 1, Oakland 33, Piedmont 1, Contra Costa County 5, Walnut Creek 1, Humboldt County 5, Los Angeles County 13, Burbank 1, Glendale 2, Huntington Park 1, Long Beach 1, Los Angeles 31, Pasadena 7, Monrovia 2, Whittier 12, South Gate 4, Madera 1, Orange County 1, Santa Ana 16, Tustin 3, Riverside County 1, Sacramento County 1, Sacramento 1, San Diego 14, San Francisco 16, San Joaquin County 3, Stockton 11, San Luis Obispo County 7, Paso Robles 3, San Luis Obispo 6, Santa Barbara County 8, Santa Maria 7, Palo Alto 3, San Jose 3, Solano County 2, Tulare County 1, Ventura County 3.

Typhoid Fever.

2 cases of typhoid fever have been reported, as follows: Los Angeles County 1, Napa County 1.

Meningitis (epidemic).

10 cases of epidemic meningitis have been reported, as follows: Fresno 1, Los Angeles County 5, Los Angeles 1, Hawthorne 1, San Bernardino County 2.

Poliomyelitis.

5 cases of poliomyelitis have been reported, as follows: Los Angeles County 1, Los Angeles 3, Riverside County 1.

Encephalitis (epidemic).

2 cases of epidemic encephalitis have been reported, as follows: Oakland 1, San Francisco 1.

Septic Sore Throat.

4 cases of septic sore throat have been reported, as follows: Berkeley 1, Glenn County 1, Glendale 1, Santa Ana 1.

Psittacosis.

2 cases of psittacosis from Pasadena have been reported.

Undulant Fever.

One case of undulant fever from San Bernardino has been reported.

COMMUNICABLE DISEASE REPORTS

Disease	1932				1931			
	Week ending			Reports for week ending Mar. 5 received by Mar. 8	Week ending			Reports for week ending Mar. 7 received by Mar. 10
	Feb. 13	Feb. 20	Feb. 27		Feb. 14	Feb. 21	Feb. 28	
Actinomycosis	0	0	0	0	0	0	0	1
Chickenpox	809	838	986	1,015	686	747	601	623
Coccidioidal Granuloma	0	2	1	0	0	0	0	0
Diphtheria	69	57	71	58	56	54	61	70
Dysentery (Amoebic)	2	0	1	1	1	2	4	2
Dysentery (Bacillary)	0	0	2	7	2	5	2	2
Encephalitis (Epidemic)	0	0	2	2	1	0	2	4
Erysipelas	18	25	21	16	25	29	32	13
Food Poisoning	2	8	1	0	4	3	8	7
German Measles	9	26	13	20	18	22	36	18
Gonococcus Infection	184	127	125	158	191	166	145	140
Hookworm	0	1	0	1	0	0	0	0
Influenza	375	327	237	227	308	512	616	602
Jaundice (Epidemic)	0	0	5	0	0	0	1	0
Leprosy	0	0	0	0	1	0	1	1
Malaria	1	0	0	0	0	1	0	1
Measles	397	430	429	403	991	1,049	1,014	1,205
Meningitis (Epidemic)	5	11	5	10	9	5	9	6
Mumps	103	224	157	145	286	315	340	364
Ophthalmia Neonatorum	0	1	2	0	0	0	0	0
Paratyphoid Fever	1	0	1	2	0	2	0	0
Pellagra	0	0	0	0	1	0	1	0
Pneumonia (Lobar)	103	138	66	84	68	45	161	110
Poliomyelitis	2	3	3	5	6	6	4	12
Psittacosis	0	2	0	2	0	0	0	0
Rabies (Animal)	9	11	14	10	22	14	21	22
Scarlet Fever	133	148	158	143	155	124	135	150
Septic Sore Throat	1	1	1	4	1	2	2	0
Smallpox	9	20	15	11	66	70	48	71
Syphilis	233	209	149	192	248	245	190	185
Tetanus	1	2	2	0	0	1	0	0
Trachoma	2	2	3	0	2	4	0	0
Trichinosis	0	1	1	0	1	2	1	0
Tuberculosis	183	249	249	236	235	197	221	220
Typhoid Fever	7	6	8	2	15	9	8	6
Undulant Fever	3	0	3	1	1	0	4	1
Whooping Cough	158	201	226	234	170	204	196	266
Totals	2,819	3,070	2,957	2,989	3,570	3,835	3,864	4,102

Chickenpox shows continued increases.

Measles remains stationary.

Influenza shows a slight decrease.

Typhoid fever is almost at the vanishing point.

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